PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 0 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY NUMBER FILED NUMBER EXTRA RATE FEE RATE BASIC FEE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X \$ OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) OR (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI. RATE **AFTER** ADDI-PREVIOUSLY **EXTRA** TIONAL AMENDMENT TONAL ĺΠ PAID FOR FEE FEE Total AMENDM Minus 0 (37 CFR 1 16/c) OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1 (d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ω REMAINING NUMBER PRESENT RATE ADDI-IENT RATE ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE FEE Total ENDM Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus x s = OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-ENT RATE ADDI-**AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) FEE ENDMI Minus OR Independent (37 CFR 1.16(b)) Minus = X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [· OF SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE **FOR** NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 BASIC FEE 770.00 OR TOTAL CHARGEABLE CLAIMS minus 20= XS 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= QR MULTIPLE DEPENDENT CLAIM PRESENT +145= ÷290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL U OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL ENDMENT **AFTER PREVIOUSLY EXTRA** AMENDMENT FEE PAID FOR FEE Total Minus XS 9= XS18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145 =+290= OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus XS 9≈ X\$18= OR Incependent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-O REMAINING NUMBER PRESENT AMENDMENT TIONAL TIONAL AFTER **PREVIOUSLY** RATE RATE **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

+290=

TOTAL

+145=

TOTAL

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

^{*} The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.